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PTO/SB/50 (08-00)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No. P-3914F1P1P2P1RI
	First Named Inventor Cohn, et al.
	Original Patent Number 6,053,929
	Original Patent Issue Date (Month/Day/Year) 04/25/00
	Express Mail Label No. EL416963895US

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))	12. <input type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	14. Other: ..... ..... .....		

### 15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer Number or Bar Code Label here)			<input type="checkbox"/> Correspondence address below
Name	26253		
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NAME (Print/Type)	Eric M. Lee	Registration No. (Attorney/Agent)	30,471
Signature	Eric M. Lee		
	Date	1/26/01	

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
P-3914F1P1P2P1RI

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 29	Total Claims (37 CFR 1.16(j))	(B) 77	**** 48 =	x \$ _____ =		or	x \$ 18 = 864.00
(C) 3	Independent claims (37 CFR 1.16(l))	(D) 9	* 6 =	x \$ _____ =			x \$ 80 = 480.00
							\$ 710.00
						OR	\$ 2054.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
							OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. 02-1666 in the amount of \$2054.00  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-1666  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

1/26/01  
Date

Signature of Applicant, Attorney or Agent of Record

Eric M. Lee, Esq./Reg. No. 30,471

Typed or printed name